

MICHIGAN VOLUNTEER DEFENSE FORCE

MAIL TO:

MI-VDF

P.O. Box 26245

Lansing, MI 48909



Section I: Conditions of Appointment

- 1. By my signature hereon I freely indicate without coercion my interest in serving in the Michigan Volunteer Defense Force. I understand and hereby agree that initial and biennial (2 year) criminal background checks are to be conducted and my signature hereon does authorize the Michigan National Guard or the Michigan Volunteer Defense Force to initiate such reviews and maintain a record thereof.**
- 2. By voluntarily providing this requested personal information, completing the oath of office prior to my becoming a commissioned, warrant or noncommissioned officer, or enlisted person, and by my signature hereon should I be so appointed, I certify that the information I have provided herein to be true and factual. I also understand that I retain the right to resign unless ordered to active duty or on active duty, and the Michigan Volunteer Defense Force retains the right to discontinue my services.**
- 3. The following signature hereon indicates that I have read and understand the above two statements and I desire to sign this document on the date as listed by me hereon.**

Signature_____ Date_____

Section II: Complete following Information for MSP Background Review

- 1. Printed Full Name _____**
- 2. Michigan Drivers License Number _____**
- 3. Social Security Number ____/____/____ Date of Birth_____**

Prior Service Applicant: Attach final DD-214, etc. to completed application.

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Page 2: Michigan Volunteer Defense Force Combined Application Form

Notice: Federal and State laws requires that all applications be considered without regard to race, religion, color, sex, and national origin. We believe and fully support the principle of equal opportunity and will fulfill our obligations to the fullest.

Full Name _____
Address _____

City/State/ZIP _____

Telephone No. _____ **Email** _____
Address _____

Previous Address _____

Sex _____ **Race** _____ **Place of Birth** _____ **Citizenship** _____

Weight _____ **Height** _____ **Hair Color** _____ **Eye Color** _____ **Marital Status** _____

Have you been bonded? _____ **Have you been convicted of a Crime?** _____
Explain: _____

Do you have a physical handicap or an illness that could limit your assigned duties? _____
Explain: _____

Educational Achievement (include school/college, state, degree, and year graduated)

1. High School: _____

2. College: _____

3. Graduate: _____

4. Additional: _____

5. Additional: _____

Civilian Experience (specialty, title, years served, and number supervised)

